

Important Advances in Clinical Medicine

Epitomes of Progress -- General and Family Practice

The Scientific Board of the California Medical Association presents the following inventory of items of progress in General and Family Practice. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in General and Family Practice which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on General and Family Practice of the California Medical Association and the summaries were prepared under its direction.

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Drug Exposure in the Hospital

If you wish to start a lively and interesting conversation among physicians, ask the question: "If you were limited to only three medications that are available today, which ones would you use?"

The answers are sure to differ, depending on the area of practice and the personal philosophy of the individuals concerned. The psychiatrist may include various psychotropic drugs that would be completely ignored by the surgeon. The dermatologist may not choose any of the

analgesics that would be the surgeon's first choice, etc.

In these circumstances, the list of medications to which the average hospitalized patient is exposed would be almost humorously shortened. As a matter of personal interest, check the number of medications ordered on your own hospital patients' charts and notice that they will vary from three to twenty.

When you consider the various effects of these medications on the body, coupled with their effects on each other, and the secondary and tertiary effects of *that* reaction, the mind is staggered at the possibilities. (As the number of drugs increases, the chance of a drug reaction increases in a geometric progression).

Of more practical importance is that approximately 5 percent of hospital admissions are for

drug reactions and approximately 15 percent of hospital patients have a drug reaction while in the hospital. Since the trend seems to be to use more and more different medications, I suggest that each one of us order medications as if we were to be confronted by a colleague and asked to justify its presence on the order sheet.

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Skillful Neglect

One of the most difficult decisions in medicine today is when the life of the patient should be maintained artificially.

Today's physician is faced with more and more methods of maintaining "life" and preventing "death." These terms are under constant re-defining as we now find that the old criteria of life and death no longer are sufficient.

The determination of life support becomes a social, family, moral and economic issue. When has useful life ceased and mere existence begun? How often have you had a patient ask, "Please, why don't I die?" Naturally this can occur in a mentally ill patient who can be helped; but what of the elderly, senile or physically incapacitated patient who you know cannot be restored to a useful or satisfying life?

The moral decision of euthanasia cannot be made ethically today, but are "heroic measures" indicated in these cases? I feel a very beneficial attitude is one that was presented to me when I was in medical school by one of my senior professors who said that at some time in life the best therapy is "skillful neglect."

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Coronary Risk in Post-Menopausal Women

The presence of thyroid antibodies in post-menopausal women is a predisposing factor to coronary artery disease. The presence of thyroid antibodies in asymptomatic thyroiditis is correlated with a 2.4 times increased frequency of coronary artery disease in women of comparable age. The reversal of the usual sex ratio, which normally shows males having coronary artery disease at twice the rate for females, is reduced to a one-to-one ratio if the female shows antibodies for thyroiditis.

The mechanism for the increased risk to females with asymptomatic thyroiditis may partially be explained by the elevated serum cholesterol in this group. For some unknown reason, males with this condition did not have a raised serum cholesterol value nor an increased incidence of coronary artery disease. Further evaluation of this risk factor seems worth while.

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Triiodothyronine

The ability to easily assay triiodothyronine (T_3) may explain the present problems in correlating clinical symptoms with the various thyroid function tests.

A new clinical entity has been described, consisting of thyrotoxicosis with raised serum concentrations of T_3 but normal total thyroxine concentration. In addition, these patients may have normal radio-iodine uptake. This has been seen even in patients with a normal level of thyroxine-binding globulin (TBG) and thus a normal free-thyroxine concentration.

An adequate assay of T_3 would explain the